



Bib Data Sheet



**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

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Washington, D.C. 20231

SERIAL NUMBER 09/516,267	FILING DATE 02/29/2000 RULE	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. Cai-15-11
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**APPlicants**

Shiyan Hua, Wheaton, IL ;  
Yigang Cai, Naperville, IL ;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED ..****\*\* 04/25/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no						
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after						
Verified and Acknowledged	<i>M. Gadson</i> Allowance Examiner's Signature	<i>M. Gadson</i> Initials					
STATE OR COUNTRY	IL	SHEETS DRAWING	3	TOTAL CLAIMS	27	INDEPENDENT CLAIMS	2

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**TITLE**

Intelligent-networked system with service for notifying and hearing selected E-mails via a public switched telephone network

FILING FEE RECEIVED 816	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Washington, DC 20231  
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CONFIRMATION NO. 1804

SERIAL NUMBER 09/516,267	FILING DATE 02/29/2000 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. Cai-15-11
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**APPLICANTS**

Shiyan Hua, Wheaton, IL;  
Yigang Cai, Naperville, IL;

*NONE***\*\* CONTINUING DATA \*\*\*\*\****NONE***\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/25/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

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*2/20/03*